

Mr Nial Joyce

# Clifden House Dementia Care Centre

## Inspection report

80-88 Claremont Road  
Seaford  
East Sussex  
BN25 2QD

Tel: 01323896460  
Website: [www.clifdenhouse.co.uk](http://www.clifdenhouse.co.uk)

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Clifden House Dementia Care Centre is a residential care home providing care and accommodation for up to 59 older people living with dementia or dementia type illness. Clifden House is an adapted building in a residential area of Seaford. The home had a lift to assist people in accessing upper areas of the home. There was access to an outside area with seating. At the time of the inspection there were 49 people living at the service one of whom was in hospital.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

### People's experience of using this service and what we found

IPC systems and processes were in place. The home looked clean and tidy and there were designated housekeeping staff. We identified an improvement was needed to the documentation of cleaning completed. This was rectified immediately by the registered manager.

Systems and processes had improved. A new electronic care system had been introduced. This was currently being used day to day alongside the previous system until all information had been reviewed and moved over.

The provider and registered manager had oversight of care documentation on this system and this enabled them to review and check how it was being used. The registered manager told us, "We are still finding new things we can add to the system and things that we could change to make it more user friendly, but I prefer it to the old system and so do the staff."

Care documentation had been improved. As information was being moved to the new system it was being checked to ensure it was current and included all relevant information to support staff to be able to provide safe, effective care.

Improvements had been implemented to ensure that people's consent and capacity were considered. Staff offered people choice and involved them in all day to day decisions. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's nutritional needs were met. Staff were able to tell us about people's likes and dislikes and those who had specific dietary needs. Information was shared with the chef to ensure they were aware of any individual requirements.

The provider had robust recruitment processes in place. All new staff completed a period of induction

overseen by the registered manager. Staff received training and told us they felt supported by the registered manager.

People received their medicines in a safe manner. Staff received training and medicine competencies were completed to ensure staff followed safe guidance at all times.

People told us they were happy living at Clifden House.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 16 March 2020) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We carried out an unannounced comprehensive inspection of this service on 4 and 5 February 2020. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve systems to assess and review mental capacity, staff induction and quality assurance. We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers findings in relation to the key questions safe, effective and well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from requires improvement to good, based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Clifden House Dementia Care Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

**Good** ●

Details are in our safe findings below.

### **Is the service effective?**

**Good** ●

Details are in our effective findings below.

### **Is the service well-led?**

**Good** ●

Details are in our well-led findings below.

# Clifden House Dementia Care Centre

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

This was a focused inspection to check whether the provider had met the breach of Regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as we found the principles of the Mental Capacity Act 2005 were not being followed and people were at risk of having their liberty restricted, Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 the provider had not ensured there was a safe induction process for new staff and Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Systems in place to review quality were not always effective. Accurate documentation of people's mental and physical health care needs and associated risks had not been maintained.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one inspector

#### Service and service type

Clifden House Dementia Care Centre is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Clifden House is a care home without nursing care. CQC regulates both the premises

and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

The provider was asked to complete a Provider Information Return (PIR) a few days prior to this inspection. This is information providers are required to send us annually with key information about the service, what it does well and improvements they plan to make. This information had not been processed by CQC at the time of planning this inspection, so could not be used when planning. This information was reviewed following the inspection.

We reviewed all the information we hold about the service including statutory notifications sent to us by the registered manager about events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We contacted the local market support team. We used all of this information to plan our inspection.

#### During the inspection

Not everyone living at Clifden House was able to tell us about their experiences. We spent time observing the interactions between people and staff in communal areas of the home, in order to help us understand people's experiences.

We spoke with ten people who used the service and contacted three relatives following the inspection. We spent time observing care and reviewing care records to help us understand the experience of people who could not talk with us. We spoke with seven members of staff including the provider, registered manager, care staff and housekeeping.

We reviewed a range of records. This included three people's care plans in full and a further four to look at specific areas relating to their care needs. We also looked at medication records and three staff files in relation to recruitment. We reviewed accident, incident and safeguarding processes, staff supervision, nutrition, training and induction records and meetings, and a variety of records relating to the management of the service, including provider improvement plans. Following the inspection, we gained feedback from two visiting health professionals and continued to seek feedback from relatives.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- At the previous inspection we found that risks were not assessed, and documentation did not always evidence care provided. At this inspection we found that documentation had improved, and risks were being managed safely.
- Relatives felt the home provided good care and that this had a positive impact on people. One told us, "I have nothing negative to say about mum's care, only positive because mum is safe. Her environment is safe, she is given superb care always."
- Staff knew people well and were able to tell us about their needs. Risks to people were identified promptly and actions put in place to help minimise risk when possible. For example, staff were aware of people at risk of skin breakdown and were able to tell us how this was managed safely. When wounds were identified staff were aware of the process in place to document and when further actions were required.
- A new electronic recording system had been implemented, this was still being fully developed, however staff told us they found it easy to use and felt it would improve overall documentation.

### Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. The home appeared clean and tidy. Although there were cleaning schedules in place, these were not always completed fully to evidence the level of IPC measures being followed. The registered manager rectified this during the inspection.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

We have signposted the provider to resources to develop their approach in relation to recording effective cleaning.

The provider was following the latest government guidance in relation to visiting.

Systems and processes to safeguard people from the risk of abuse

- Staff had completed safeguarding training and were able to tell us what they would do if they felt someone was at risk of abuse.
- A robust system was in place when accidents or incidents occurred. This included oversight by the registered manager to ensure all required actions had been completed and referrals to other agencies or health care professionals had been completed if required. Analysis of all incidents was completed to identify any trends or themes.
- Relatives told us, "I have no concerns for [name] safety or wellbeing at Clifden House."

#### Staffing and recruitment

- Recruitment had been ongoing, and processes were in place and overseen by the registered manager. This included Disclosure and Barring Service (DBS) checks. These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff told us they felt there were enough staff to meet people's needs. We observed staff responding to people promptly and although some periods of the day were busy, staff worked together to ensure people received the support they needed.

#### Using medicines safely

- People received their medicines in accordance with how they were prescribed. One told us, "They give me my medicines at the right time, I would not remember to take them."
- The service used an electronic medication system (EMAR). Staff were able to demonstrate this and talk us through how they recorded medicine administration. The EMAR system allowed for details to be recorded including if a medication was refused or dropped, or if a medication had been stopped, staff were able to record this clearly to ensure other staff were aware.
- We discussed the recording of PRN or 'as required' medicines. The system enabled staff to record when a PRN medicine was given for example for pain relief. However, the electronic system did not allow them to record why the medication had been given. We discussed this with the registered manager who informed us they would see if this could be added to the system or agree with staff to record this within the persons daily records to ensure a clear picture of a person's health could be monitored.

#### Learning lessons when things go wrong

- The provider and registered manager used analysis and feedback to identify any areas for improvement.
- Information was shared with staff to ensure lessons learned were taken forward and utilised to facilitate ongoing improvement. For example, following a medicines error changes were implemented to ensure this would not reoccur.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this

The purpose of this inspection was to check if the provider had met the previous breaches of Regulation 11 (Need for Consent) and Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

At the last inspection the provider had not ensured a structured induction was in place for new staff. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found sufficient improvements had been made and the provider was no longer in breach of this regulation.

- Recruitment had been ongoing. Newly employed staff completed a period of induction. A new mentorship form had been implemented, this was used to record training, observations, competencies and supervision completed during the induction period.
- The registered manager maintained oversight of the induction and carried out one to one meetings with each new staff member at the end of the first and third month of their induction.
- We spoke to newly recruited staff who told us they felt supported and had received training and supervision. One said, "I feel very supported and I like it here, I am very happy."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At the last inspection we found the principles of the MCA were not being followed and people were at risk of having their liberty restricted. This was a breach of Regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found sufficient improvements had been made and the provider was no longer in breach of this regulation. Changes had been made and a new electronic care system was in use to support improvement, however, time was needed to ensure recording of individual decisions was fully integrated into practice.

- Staff demonstrated a good understanding around the MCA and DoLS. DoLS applications had been made to the local authority when appropriate.
- Mental capacity assessments were in place. Information was still being moved onto the new electronic care planning system. We discussed with staff the importance of ensuring that each decision was recorded.
- One person had recently been seen by a physiotherapist and new equipment was in use to support their safety and mobility. Although the change of equipment had been recorded and the family were aware, this discussion made in the persons best interests had not been documented. This was in place for a previous decision made with the families consent. We were assured this would be rectified immediately.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

At the previous inspection we found that changes to people's health had not been updated promptly in their care plan to ensure staff were aware. There was limited information in place to ensure staff were able to support people based on their needs and choices. At this inspection we found improvements had been made.

- A person-centred care planning system had been implemented. The provider and registered manager had worked with staff to make improvements to documentation and the way care was provided to ensure care was based on the individual, their preferences, and needs.
- Care documentation was regularly reviewed and changes made when required. Peoples needs were discussed with staff during handover and relevant information shared.
- We observed staff engaging positively with people in communal areas. People responded to staff and told us they enjoyed chatting with staff. One person told us staff were, "Very respectful and kind." A relative told us, "Staff at Clifden are all exceptional people".

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they enjoyed their meals. One person said, "Most meals are quite nice, although I like the puddings more."
- People's nutritional needs were met. All staff were aware of people's individual dietary needs, likes and dislikes. This was assessed on admission.
- A number of people were living with dementia or memory loss. To support them to make choices, both meal options were plated and shown to people to allow them to see the meal. Staff told us that if someone did not like either meal then alternatives would be offered. Staff were aware of those requiring a diabetic menu and those who required support with their meal.
- The provider told us that plans were in place to look at the meal service. This included involving people and gaining feedback to further improve the whole meal experience.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Relatives spoke positively about Clifden House, telling us, " I do think the house is well led, I certainly would not be happy for mum to stay in an environment that I did not feel was conducive to mum's

wellbeing."

- People's needs were assessed and reviewed, when needed referrals were completed to other healthcare professionals. For example, community nurses, GP, Speech and Language Therapist (SALT).
- A visiting professional told us, "The staff have always been very caring and knowledgeable about their residents and seem to take the time to get to know their residents. Clifden House have always been very good at following up on agreed actions and calling if they have any concerns."

Adapting service, design, decoration to meet people's needs

- Clifden House is an adapted building. Improvements were in progress including external decoration of the building. The provider and registered manager told us that they were looking at making further improvements to the internal environment. This included some improvements to the signage and decoration throughout the building.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At the last inspection we found systems in place to review quality were not always effective. Accurate documentation of people's mental and physical health care needs and associated risks had not been maintained. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found sufficient improvements had been made and the provider was no longer in breach of this regulation.

- The provider and registered manager had implemented a number of positive changes to support improvement and to address concerns identified at the previous inspection.
- An improvement plan was in place to continue to build on this foundation. This included reviewing CQC's Key Lines of Enquiry (KLoEs) to facilitate improvement across the home. Engaging with people living in the home, staff, relatives and health professionals to identify what they need to do to improve and how to do it effectively. The provider told us, "We have tried to start from scratch and look at all the (KLoEs) to ensure we are meeting CQC regulations. This has led to actions and improvement plans."
- The emphasis moving forward was to ensure that changes and improvements were implemented with the full involvement of people living at Clifden House and staff.
- Quality assurance systems were in place. This included all aspects of peoples care delivery, staffing and the environment.
- The provider worked closely with the registered manager. The registered manager had oversight of care documentation, and the day to day running of the home. This ensured that a consistent level of record keeping, and management of the home was maintained.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had a clear understanding around duty of candour. We saw evidence of how the service responds to accidents and incidents in line with legal requirements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Relatives felt involved in peoples care and kept informed of any changes. One told us, "The staff are all

very dedicated to the wellbeing of all the residents. Updating families and communications is also really excellent. I am kept well informed at all times."

- People living at Clifden House, their relatives and visitors to the home were invited to provide feedback. People had the opportunity to complete questionnaires or review cards, attend meetings or provide feedback using the suggestion box.
- Feedback received was reviewed and areas actioned if needed. The provider showed us how they were able to action some changes immediately. For example, it was identified that communication needed to improve so this was an area focussed on. If something could not be changed immediately, the rationale for this was shared and discussed so that people understood why.
- Staff meetings had taken place; we viewed the minutes of previous meetings. These showed that meetings were used to share ideas and information and to help the staff build as a team.
- People also gave feedback by completing reviews of care online. Positive comments from relatives included, "He was upset and very confused when he arrived and anxious about leaving his home. His transformation is remarkable. He is happy, chatty, smiling and blooming." And, "The member of staff who showed us around was able to answer/allay all of my questions and concerns. This has been a heart-breaking decision for me but made much easier by the sympathetic support of the staff and, most importantly for me, the confidence I feel that my husband will be treated with kindness."

#### Working in partnership with others

- The management and staff worked with other health professionals involved in people's care. Referrals were completed to other agencies when required. The registered manager was open and transparent and told us they would be confident to seek support and advice from other health professionals when needed. One health professional told us, "I have to say my experiences of Clifden House have always been very positive."